

Sexuality for Women with Cancer

A guide for
women with
cancer, their
families and
friends.

Acknowledgements

Cancer Council Western Australia thanks Cancer Council New South Wales and Greg Smith (Cartoonist) for permission to use 'Sexuality for Women with Cancer' as the source of this booklet. We would like to thank the consumers and health professionals who have assisted in the review of this booklet.

Introduction

Having cancer doesn't mean you are no longer a sexual person. However, treatment for cancer such as surgery, chemotherapy, radiotherapy and hormone therapy can affect your sexuality. This includes your interest in sex, your ability to give or receive sexual pleasure, how you see yourself and how you think others see you. Some of these effects are temporary while others are permanent. All can be managed or controlled.

This booklet has been prepared to help you understand and deal with the emotional and physical impact that your cancer and its treatment have on your sexuality. The information in this booklet is relevant to all women regardless of sexual preference, and whether or not you are in a relationship.

If you find this booklet helpful, pass it on to your partner, family and friends, who may also find it useful.

You do not need to read this booklet from cover to cover - just read the parts that are relevant to you. It can be read in sections according to how cancer treatment has affected your sexuality.

Some medical terms used in this booklet, which may be unfamiliar, are explained in the glossary.

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How cancer can affect your sexuality

When you are first diagnosed with cancer, it's natural to focus on getting well. You may not think about or be interested in sexual contact or intimacy for a while. During or after treatment you may start to think about the impact of cancer on your sexuality.

Rebuilding confidence

Cancer treatment can change the way you feel about yourself (your self-esteem). You may feel less confident about who you are and what you can do. This is more common if your body has changed physically, but even if it has not.

Dealing with the cancer diagnosis and the treatment can make you feel like you're on an emotional rollercoaster. Emotions that can affect your sexuality include:

Fear: You may worry that others will avoid you or reject you when they see how your body has changed. You may not be able to imagine yourself being in a sexual situation after what has happened to your body.

Anxiety: The thought of having sex again after your cancer treatment can cause anxiety. You may be unsure of how you'll perform. If you are single, you may feel anxious about initiating a new relationship.

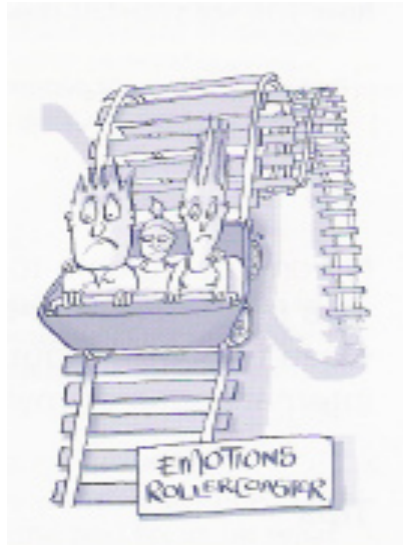
Anger: It's normal to feel angry about how your sexuality has been affected. You may feel angry that you're unable to have children.

Shame: You may feel ashamed by the changes to your sexuality, your body's appearance or the different way your body functions sexually.

Guilt: Some women believe their past sex life caused their cancer. Cancer can't be sexually transmitted. If you have children, you may feel guilty for spending less time with them during treatment.

You may also feel guilty for asking family and friends to help you with chores when you were ill.

Self-consciousness: If your body has changed physically after treatment, you may feel self-conscious. Often women with partners find their partner isn't as concerned about these changes as they are. These feelings are common, and can affect your self-esteem and your attitude towards intimacy. It will help to talk about how you feel with your partner or other women who have had cancer (see page 40).



"I was worried about going out in public. I thought people would look at my breasts first and my face second. I had to reorient my centre of sexuality away from my breasts where it had always been."

Coping with changes in appearance

Changes in your appearance after cancer treatment can affect how you

see yourself (body image). A change in body image may not affect your ability to have sex but it may make you feel less sexual.

Body image may not depend on how you look but how you think you look.

“No one being able to tell that I had a mastectomy was important to re-building my self-esteem. It wasn’t about the outwards appearance but the internal sense of myself. I wanted to feel normal.”

Tips

- ✓ Give yourself time to adapt to what you’ve been through.
- ✓ Focus on you as a whole person and not just the part of you that has changed.
- ✓ Draw attention to your good points with clothing, make-up or accessories.
- ✓ Choose well-fitting clothes. Wearing something too tight or too baggy will draw attention to your weight loss or gain.
- ✓ Consider wearing a scarf or wig if your hair has fallen out from chemotherapy.
- ✓ Try to stay active and exercise as regularly as you can.
- ✓ Talk about how you feel with your partner, a close friend or other women with cancer.

Boosting your self-confidence can make you feel more sexual. The important thing is to do whatever feels comfortable and gives you the most confidence.

A program called Look Good... Feel Better can teach your how to manage changes to your skin, hair and general appearance with cosmetics, wigs, turbans and scarves. For more information call The Cancer Council Helpline on 13 11 20.

Sexual attractiveness is sometimes judged by how you look, but sex appeal is a combination of looks and other personal qualities, such as personality and sense of humour.

Overcoming depression

It is common to feel depressed after cancer treatment. You may have trouble sleeping, lose interest in activities you normally enjoyed, don't feel like eating or lack energy. Your desire for sex may also be low.

Ways to deal with depression include:

- Spend time with people who have a positive attitude. This will help you reduce negative thinking and focus on what can be done.
- Be as active as possible. Plan activities for each day, such as exercise or meeting people.
- Do things that make you feel good, such as watching funny movies, going for a walk and having a massage.
- Get up at the same time every morning, regardless of how tired you feel.
- Avoid sleeping during the day or taking a nap before bedtime unless cancer treatments such as radiotherapy or chemotherapy leave you feeling too tired.
- Find someone to talk to about your feelings. The Cancer Council Helpline may be a good start.

If the depression is ongoing, tell your doctor about it, as medication or counselling can help you.

Changed roles and responsibilities

If your cancer diagnosis and treatment mean you have to stop working, this may cause financial difficulties. If worries about money are causing you a lot of concern, it may mean you don't have the energy or desire for intimacy.

Other practical matters such as who will pick up the children from school or who will do the shopping can be very stressful. Cancer is not a normal event so don't try to do everything you used to do.

These tips may help you cope:

- Relax housekeeping standards.
- Prepare simpler meals.
- Accept offers of help with cooking, shopping, transport and other household tasks. You might like to ask one person to coordinate help from all your family and friends.
- Talk to your hospital social worker or contact the Cancer Council Helpline on 13 11 20 for information on financial assistance, through benefits and pensions.

Relaxation and exercise

Some women find relaxation and exercise helps them feel better by releasing tension and anxiety. These are also good ways to fight depression. The hospital social worker, psychologist or nurse will know whether the hospital runs any exercise programs, or may know about local community programs. Your community health centre may also be able to help.

Creative activities such as painting, playing music, sewing and reading can also increase our self-confidence. You will probably find it beneficial to your overall health to stay active and to exercise regularly if you can. The amount and type of exercise will depend on what you are used to and how you feel.

Start by making small changes to your daily activities, such as walking to the shops or using the stairs instead of the lift or escalator. Even gardening can be helpful. If you want to do more vigorous exercise, ask your doctor what is best for you.

There is a special exercise program called Encore for women who have had breast cancer surgery. Using floor and pool exercises and relaxation techniques, the program helps to strengthen and tone your arms, shoulders and chest, regain mobility and improve your general fitness. For more information

“I got back into my swimming as soon as I could. I didn’t wear the prosthesis but I would wrap the towel around me and drop it when I reached the edge. The exercise made me feel good about myself and, with time, I forgot the towel.”

Resuming sexual activity

Some women find sexual intimacy is the last thing on their mind when they're going through treatment, others find an increased need for closeness.

You will probably find cancer treatment causes side effects that affect your sex life. This doesn't mean your sex life is over but you will need to find ways of coping with the side effects that suit you. (see page 28 for more information).

Sometimes a counsellor can help you find ways to help each other. Call the Cancer Council Helpline on 13 11 20 for more information.

An intimate connection with a partner can make you feel loved and supported as you go through your cancer treatment. However, cancer can strain a relationship, particularly if there were problems before the diagnosis.

If you have a partner, you need to work together to help improve your sexual experience. If you had a good relationship before the diagnosis and found it easy to communicate your needs, the process will probably be easier.

You can prepare for having sex after cancer treatment in many ways:

- Talk openly with your partner about any fears you have about resuming sex. Talking about your sexual needs can be difficult but try not to let embarrassment get in the way of sexual enjoyment.
- Let your partner know how you feel - when you're ready to have sex, what level of intensity you prefer, if they should do anything different, and how they can help you become aroused.
- Ask how your partner feels - they are probably worried about hurting you or appearing too eager if you're not ready.

- Plan ahead. After cancer treatment, sexual activity may need to be less spontaneous. Choosing when to have sex can help you deal with pain and fatigue.
- Show your partner any body changes before any sexual activity. This may help both of you get used to how that makes you feel.
- Take it slow the first couple of times. Guide your partner's hand to where you like to be touched.
- Explore other parts of your bodies that give you both pleasure when touched and caressed if penetration is difficult or painful.
- Keep an open mind about ways to feel sexual pleasure. You may need to try different positions if your usual ones are now uncomfortable or not possible.
- Choose sexual positions that make the changed area less visible or make love partly dressed if you feel self-conscious.
- Focus on other aspects of your relationship - many relationships are not dependent on sex to maintain them.
- Change the lighting level until you feel more confident about your body.
- Be patient. You will probably find that any problems you have with sex after cancer get better with time and practice.

“At first my husband wouldn't touch that side of my chest. I didn't expect him to, so I wasn't upset. But now he sometimes forgets and his hand sneaks over.”

Different levels of desire

It is common in relationships for one partner to be more interested in sex than the other. While you may have managed your different levels of desire before, cancer may complicate things.

Tips

- ✓ Let your partner know if you are not interested in sex, otherwise they may feel rejected.
- ✓ Suggest what you are happy to offer as an alternative, such as a hug or kiss.
- ✓ If you feel too tired, talk to your partner about making love in a less energetic position or suggest a quick session.

What partners can do

Despite physical changes, your partner needs to know that you still love her and find her attractive. It will take time to get used to your partner's changed appearance. Remind yourself of her other qualities: sense of humour, intelligence or personality. This will help you see past her physical appearance.

Talk to your partner. Ask her to tell you or show you what feels good or what areas are sensitive to touch. You might feel awkward because you think she is not ready for sex, or that physical contact may hurt her. These feelings may affect your libido or your ability to maintain an erection (impotency). These effects are temporary and will improve with time.

Be prepared to go at her pace. Give your partner the time and space to recover from treatment. If she's not ready for sexual contact, try other ways of showing you love her and find her physically attractive, such as touching, holding, hugging and massaging. Stroking the scar may help show your partner that you have accepted her body changes.

You may be concerned you'll get cancer from your partner. It is not possible for cancer to be passed from person to person through kissing, intercourse, penetration or oral sex. Or you may be worried that the different cancer treatments, such as chemotherapy drugs, may affect you. If you have sex on the days your partner has chemotherapy, wear a condom to protect you from any drugs that may be in her body fluids.

You may have thought your partner was going to die and started thinking about life without her. Now that she is better, you may expect to feel relieved but instead feel low and maybe drained. You and your partner have been through a difficult experience and you need time to adjust.



What if I don't have a partner

Finding a new partner can seem daunting after cancer treatment. You may be worried about how a new partner will react to your cancer, even if your body appears unchanged.

Deciding when to tell a new partner can be difficult. You may want to wait until you've been out a few times and feel it could develop into a relationship before sharing the information. It may help to show them any body changes before any sexual activity so that you can both get used to how that makes you feel. Ultimately, you need to rely on your own judgement about what to say and when.

If a new relationship doesn't work out, don't automatically blame the cancer. Remember that not every relationship worked before you had cancer.

Sharing your concerns with someone who has been in a similar situation can help. Call the Cancer Council Helpline for more information on support groups or see page 40.

If you are in a same-sex relationship

You may feel that your sexuality isn't mentioned when discussing the effects of treatment on sexuality. Many of the issues are the same for you as for other women. You may also feel distressed by the impact on your body image, sexual functioning and fertility.

The different nature of your sexuality may help you cope with changes in sexual functioning after cancer treatment. Receiving pleasure from different forms of sexual stimulation and not always having to rely on penetrative sex may help you continue your sex life, if penetrative sex is too painful or just not possible for a while.

Changes in physical appearance due to surgery or other cancer treatment can take time to deal with. Loss of fertility may also be devastating if you were hoping to have a child.

Tips

- ✓ Try to be open with your doctor about your sexuality. This will help them understand your needs. This will be easier if you find someone you can trust.
- ✓ Take your partner along to doctors' visits. This will show your doctors who is important to you and your partner can be included in discussions and treatment plans.
- ✓ Talk to someone who has a greater understanding of same sex lifestyles. Call the Cancer Council Helpline for suggestions.

How your body responds sexually

The mind and sex

Sexuality starts in the mind. The brain is responsible for making you feel interested in sex through feelings, memories, imagination and fantasies. These thoughts are created by what you see, smell, touch, taste and hear.

Levels of sexual desire can vary from time to time due to stress, illness and work.

If you are anxious, worried or depressed about your cancer and its treatment, you will probably be less aroused by thoughts of sex.

The mind also affects how you feel about your body and how you think it looks (body image).



The role of hormones

Hormones are substances that affects how your body works. They act as messengers, carrying information and instructions from one group of cells to another. Hormones control growth, development and reproduction.

The major female sex hormones are oestrogen and progesterone.

- Oestrogen: keeps the vagina moist so it can expand during penetration or sexual intercourse. Oestrogen levels drop after menopause. This may cause the vagina to become tight and dry and it may not expand as easily as before.
- Progesterone: controls reproduction and helps prepare a woman's body for pregnancy.

Women's bodies also make small amounts of the male sex hormone, androgen. The most common androgen is testosterone. This helps a woman feel sexual desire.

Oestrogen and progesterone are produced mostly in the ovaries. Small amounts are also made in the adrenal glands, which are found on top of the kidneys. These hormones can be made from fatty tissue when needed.

Both the ovaries and the adrenal glands make androgens. The adrenal glands make some androgens and help maintain sexual desire after oestrogen production slows down.

Female sex organs

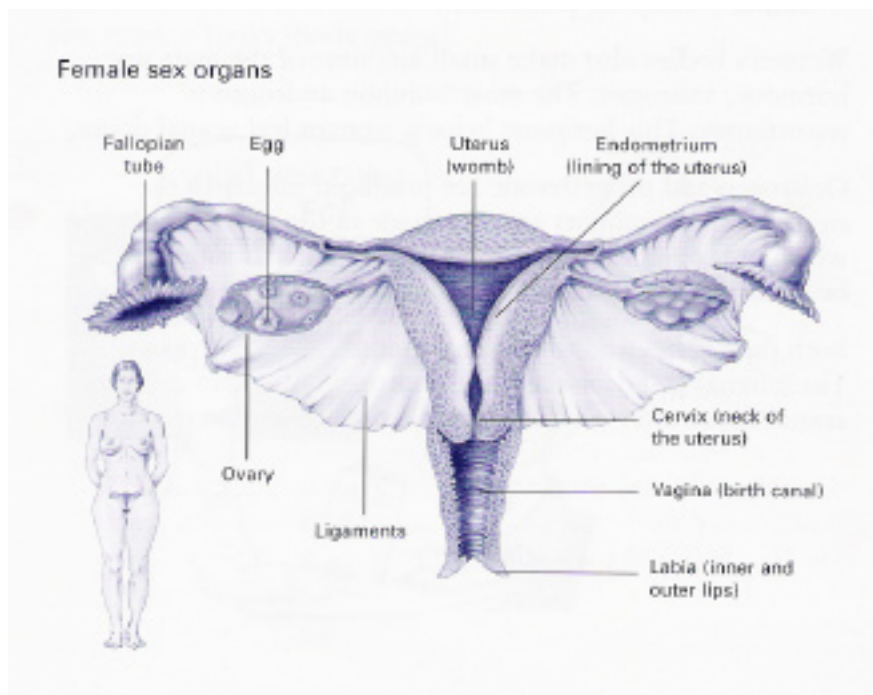
A woman's sex organs (genitals) are mostly inside her body:

Vagina - a muscular canal extending from the entrance of the uterus to the outer sex organs.

Uterus - a hollow muscular organ shaped like an upside-down pear. The uterus, also called the womb holds and nourishes a fertilised egg (ovum). The entrance to the uterus is called the cervix.

Fallopian tubes - two long, finger-like tubes that extend from the uterus and open near an ovary. These tubes carry the egg from the ovary to the uterus.

Ovaries - two small, almond-shaped glands that contain eggs. The ovaries are found on either side of the womb, close to the end of the Fallopian tubes. The female sex hormones, oestrogen and progesterone, are made by the ovaries.



The outer sex organs are called the vulva. They include:

Mons pubis - the area of fatty tissue covered with pubic hair.

Labia majora - the outer lips of the vagina.

Labia minora - the inner lips of the vagina. These join at the top to cover the clitoris with a fatty hood.

Clitoris - the main sexual pleasure organ for women. It is located where the labia minora join. The clitoris has a similar role to the penis. When stimulated, the clitoris becomes erect and sends messages of pleasure to the brain.

The breasts and nipples also respond to stimulation. Some women may find other areas of their body that are sensitive to stimulation. These are called erogenous zones and are often very individual.

Stages of sexual response

Knowing how your body responds physically during sex may make it easier to understand any problems you experience.

The stages of sexual response include: sexual desire, excitement or arousal, orgasm and resolution.

Sexual desire - also called libido, is the interest you have in sex.

Excitement or arousal - this is when you begin to feel ready for sex. You can become aroused by seeing someone you like; having a sexual thought or fantasy; having your sexual organs touched; masturbating; or having oral sex.

The body responds to this excitement in various ways: blood pressure and heart rate increase, the breasts become more sensitive and the nipples harden, the clitoris becomes erect and sensitive, and the vagina expands and moistens

Orgasm - the peak of sexual response. Sexual excitement or arousal can lead to an orgasm but this doesn't always happen. An orgasm involves a series of rhythmic muscle contractions in the vagina and uterus area. Breathing becomes faster and shallower, heart rate and blood pressure increase and you may sweat.

Orgasms can vary in length and intensity, and can be reached in different ways. Some women have orgasms through penetration alone but others need added stimulation.

It is usually easier for women to reach orgasm through a combination of sexual fantasy and physical stimulation than through intercourse alone.

Stimulation through masturbation and oral sex. This is sometimes called foreplay or outercourse.

Resolution - breathing, heart rate and blood pressure return to normal. Some women are able to be excited again straight away. Men usually cannot be excited again for a while.

Treatment and sexuality

The main cancer treatments are surgery, radiotherapy and chemotherapy. These can have temporary or permanent effects on your sexuality.

Surgery

Surgery to treat cancer can affect a woman's sex organs and her body image.

Breast surgery

Most breast cancers are treated with surgery. Some women have part of the breast removed (breast conservation surgery), others have the whole breast removed (mastectomy). Breast surgery may make a woman feel less attractive or worry that her partner will reject her because of the changed appearance of her breast.

Mastectomy can damage the nerves that influence nipple feeling. This can affect sexual arousal, particularly if having your nipples fondled was part of your foreplay. Breast and nipple feeling usually remains the same after breast conservation surgery.

Lymph nodes are sometimes removed to prevent the spread of breast cancer. This may cause the arm to swell (lymphoedema) making movement and daily activities difficult. The swelling may make you feel embarrassed or self-conscious.

"The surgery felt like an amputation. Without a breast, I felt I wouldn't be a woman anymore."

Hysterectomy

Hysterectomy means removal of the uterus. It may be used to treat gynaecological cancers such as cancer of the cervix, ovary, endometrium and uterus.

After the uterus is removed, the top part of the vagina is stitched up. This shortens the vagina. The length of your vagina doesn't affect your ability to feel sexual pleasure and you don't need the uterus to have an orgasm. However, you may notice some difference because the muscles that normally contract during an orgasm have been removed. The clitoris and the lining of the vagina remain sensitive.

Oophorectomy

The removal of an ovary is called an oophorectomy.

- Removing one ovary: the other should continue to produce eggs.
- Removing both ovaries: you will no longer have your monthly periods or be able to become pregnant. This will also cause menopause. You may have hot flushes, vaginal dryness, tiredness, mood swings and difficulty sleeping.

For ways to manage the side effects of menopause see page 38.

These symptoms may occur more quickly than natural menopause because your body hasn't had time to get used to being without the hormones.

Vulvectomy

This surgery removes some or all of the outer sex organs (the vulva). A vulvectomy will change the appearance of the sex organs and can affect sensations during sex, especially if the clitoris has been removed. Even if the clitoris has been removed, an orgasm may still be possible. Stimulation of other sensitive areas of your body, such as your breasts or inner thigh, can lead to a climax.

You may also feel you have lost part of your female identity or be worried about how your partner will react. These are natural reactions.

Stoma

A stoma, which is sometimes called an ostomy, is formed when any portion of the small or large intestine is brought out onto the abdomen. Stomas are named after the piece of bowel used, or the surgical procedure performed. Common stomas include:

- Ileostomy - formed from the ileum
- Colostomy - formed from the colon
- Ileal conduit - formed by isolating a small piece of ileum and implanting the tubes from the kidney (ureters) into it.

Although the nerves that control a woman's genital sensation are not usually damaged when the rectum is removed during surgery, there may be a different sensation in the vagina during sexual intercourse. When the rectum is not there to cushion the vagina, women may find intercourse uncomfortable or painful.

For more information speak to a stomal therapy nurse, available at most large hospitals. You can also contact the Western Australian Ostomy Association, 9272 1833.

Radiotherapy

Radiotherapy uses x-rays to kill cancer cells or injure them so they cannot multiply.

Common side effects of treatment include:

- Tiredness: During radiotherapy your body uses a lot of energy dealing with the effects of radiation. This makes many women feel tired during and after treatment. This fatigue may last for several weeks or months. You may not feel like having sex during this time.
- Appetite loss: You may lose your appetite while having radiotherapy and lose weight.
- Hair loss: If you have hair in the area receiving radiotherapy (scalp, face, body), you may lose some or all of it during treatment. Usually the hair grows back and returns to normal after radiotherapy has finished.

Radiotherapy to the pelvic area

Radiotherapy to the pelvic area for cancer of the rectum, bladder or cervix can stop the production of female hormones in the ovaries. This can cause menopausal-like symptoms, such as dry and itchy vagina. Scar tissue may form and this will shorten and narrow the vagina. Sexual penetration may be painful but your ability to reach orgasm won't be affected.

Menstruation may become irregular or stop during radiotherapy to the pelvic area. After treatment, your periods may return but some women will be permanently infertile.

Radiotherapy to the breast

Radiotherapy to the breast area can cause the skin to become red and sore and develop a sunburnt look. Your breast may also change a little in size or shape. The change is permanent, but it is usually only slight and not noticeable under clothing. Some women may notice that their breast feels a little firmer after radiotherapy but this usually softens over time.

Chemotherapy

Chemotherapy uses drugs to kill or slow the growth of cancer cells. These are called cytotoxic drugs.

The common side effects of chemotherapy include:

- Nausea and vomiting: Anti-nausea medication can help. Talk to your doctor about this.
- Diarrhoea or constipation: Your medication may be changed or medication given to relieve the diarrhoea or constipation.
- Tiredness: Chemotherapy may also make you feel too tired or sick to want sex. Once chemotherapy is over, your sex drive usually returns.
- Irregular periods: Chemotherapy can reduce the amount of hormones produced by the ovaries. This may cause some women's periods to become irregular but they return to normal after treatment.
- Menopause: For some women, chemotherapy may bring on menopause. After menopause, women can't have children. If this is a concern for you, speak to your doctor before treatment. Early menopause (before age 40) may cause bones to become weaker and break more easily. This is called osteoporosis.

- **Thrush:** A common side effect in women having chemotherapy is thrush which includes vaginal itching or burning and a whitish discharge. This is more common if you are taking steroids or antibiotics to prevent infection. See page 32 or talk to your doctor about treatment for this.

You can read more about treatment for your particular cancer in The Cancer Council's information booklets on specific cancers and treatments. Call the Cancer Council Helpline on 13 11 20 for a list of booklets.

- **Swollen belly:** Chemotherapy for ovarian or colon cancer can be given as liquid into the intestine. This can cause the belly to swell.

These side effects may affect your body image and self-esteem.

Hormone therapy

Hormones that are naturally produced in the body, such as oestrogen, can help some cancers grow. Hormone therapy reduces the amount of oestrogen in the body or stops cancer cells from getting oestrogen.

There are different types of hormonal therapies:

- **Anti-oestrogens:** work by stopping cancer cells from getting oestrogen. Tamoxifen is the most commonly used anti-oestrogen. It can help slow the growth of, or stop, new breast cancers, lower the chance of the cancer returning and reduce the risk of developing heart disease or osteoporosis.
- **Aromatase inhibitors:** work by stopping oestrogen from being produced. They are usually used in women who have been through menopause. The three commonly used aromatase inhibitors are Arimidex, Aromasin and Femara.

These hormone treatments have fewer side effects than chemotherapy. Some women have no side effects, while others have symptoms similar to menopause, such as vaginal soreness, dryness or discharge, hot flushes, weight gain, drop in sex drive and mood swings. Regular gynaecological checkups are recommended, as there is a small risk of developing cancer of the uterus lining.

Palliative treatment

If the cancer has spread and it is not possible to cure it, your doctor will discuss treatments for specific problems caused by the cancer, such as pain. These treatments include radiotherapy, chemotherapy and pain-relieving medications.

Palliative treatment is available for all people who have cancer symptoms, whatever their stage of treatment. It is particularly important for people with advanced cancer, who cannot be cured but want to live comfortably and without unnecessary pain.

Touching and hugging are important during palliative treatment. They can help you feel loved and cared for, and are good ways of sharing intimacy if you feel too tired or sick for intercourse.

Coping with sexual problems

Common sexual problems caused by cancer treatment include:

- fatigue
- losing interest in sex
- trouble reaching orgasm
- vaginal dryness
- reduced vaginal size
- painful penetration and/or intercourse
- loss of sensation
- infertility - temporary or permanent
- changed body image, e.g. due to scarring or loss of a body part.

Most sexual problems caused by cancer are temporary. With patience, practice and time, many of these problems can be overcome. The practical tips in this chapter may also help.

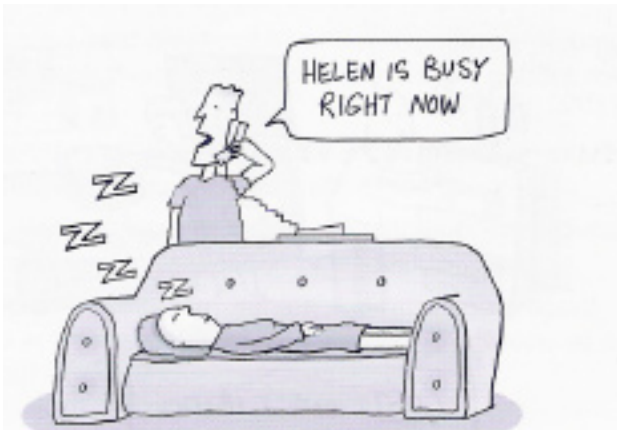
“At the time of the diagnosis, my body image was not a factor I even considered. My whole focus was on surviving for my family. My mother eventually raised it with me, to see if I was worried, as I hadn’t discussed it.”

Fatigue

During and after cancer treatment, many women feel tired and have no energy (fatigue). Fatigue can include feeling exhausted, sleepy, drowsy, confused or impatient. You may also have trouble concentrating and lose your appetite. You may feel like this for a long time. This fatigue, which is often not relieved by rest, may mean you have no interest in sex.

Tips

- ✓ Plan your day so you have time to rest.
- ✓ Save your energy. Don't do more than you can comfortably do.
- ✓ Take short naps or breaks.
- ✓ Eat well and drink plenty of fluids.
- ✓ Take short walks or do light exercise.
- ✓ Let other people help you.
- ✓ Try different times of the day to be intimate.



Losing interest in sex

Lack of interest or loss of desire for sex - low libido - is common during cancer treatment. Libido usually returns after treatment is over.

Tips

- ✓ Talk with your partner about how you are feeling. They need to know when you feel ready for sex and ways to help you get in the mood.
- ✓ Explore other ways of sharing intimacy and showing affection for each other such as touching, holding, hugging and massaging.
- ✓ Stimulate and help your partner reach orgasm.
- ✓ Try different sexual positions if your usual ones are uncomfortable. Use cushions or pillows to support your weight.
- ✓ Suggest a quick lovemaking session rather than a long session.
- ✓ See page 10 for more suggestions.



Trouble reaching orgasm

A woman's ability to reach orgasm is usually unchanged after cancer treatment. However, women who have had their clitoris or other sensitive areas of the vulva removed will experience some difficulties.

The touching and kissing that often happens before penetration (foreplay), as well as oral sex and masturbation, can help a woman reach orgasm. You may feel these activities are not real sex, but if they provide sexual pleasure and you are happy with your sex life, there is no need to think they are inferior to intercourse.

Tips

- ✓ Try different ways of getting in the mood for intimacy - shower or bath together, go away together - whatever makes you feel sexy, relaxed and good about yourself.
- ✓ Set the mood or atmosphere with soft lighting, candles or soothing music.
- ✓ Use stroking, caressing or massage, or guide your partner's hands or fingers to areas that arouse and excite you.
- ✓ Think about a past pleasurable sexual experience or imagine a strong sexual thought. The mind plays an important role in arousal.
- ✓ Consider using an electric vibrator - this may give you the extra stimulation you need to reach orgasm.
- ✓ Explore reaching orgasm without penetration. Try activities such as oral sex, masturbation or all-over touching.
- ✓ Focus on your breathing. Tighten and relax your vaginal muscles in time with your breathing during intercourse or while your clitoris is being stroked.

Vaginal dryness

Vaginal dryness is common after cancer treatment. It can make you more prone to vaginal infections, such as thrush, because the natural lubricating and cleaning process is not working.

Tips

- ✓ Treat thrush with prescription creams or home remedies such as yoghurt.
- ✓ Wear loose, cotton clothes if you develop thrush. Avoid nylon pantyhose and tights, tight jeans or trousers.
- ✓ Avoid use of soap, bubble baths or oils, and creams that might irritate the genital area.
- ✓ Consider alternative contraception if your usual contraceptive device irritates the genital area.
- ✓ Try lubricants that are non-perfumed and water-based to relieve vaginal dryness. Many different types are available from chemists and supermarkets.
- ✓ Avoid Vaseline or oil-based lubricants; they may cause thrush. You can use natural oils that are not petroleum based.
- ✓ Treat the application of the lubricant as foreplay. Spread the lubricant on your partner's genitals and ask them to spread it around and inside the entrance of your vagina.
- ✓ Take more time over foreplay to help the vagina relax and become well lubricated. This will make penetration or intercourse less painful.

Reduced vaginal size

Vaginal narrowing from radiotherapy may make penetration or intercourse uncomfortable but it will not affect your ability to reach orgasm.

Tips

- ✓ widen the entrance to the vagina by using a device called a dilator, which is shaped like a tube and made from plastic or rubber. It comes in different sizes and helps increase the vagina's size over time. A dilator is different from a vibrator. A dilator is used to maintain the shape of your vagina, while a vibrator is used to give you sexual pleasure. For information on using a dilator talk to your doctor or nurse.
- ✓ Use a lubricant to relieve painful irritation.
- ✓ Regular gentle sex will help widen the vagina.
- ✓ Talk to your doctor about further treatment, such as skin grafts to widen the entrance.

Painful penetration or intercourse

Sexual positions that you enjoyed in the past may now be painful after cancer treatment. Pain in the vulva area is called vulvodynia. Even if the pain is not in the genitals, it can distract you from feeling pleasure during sex.

Sometimes the pain causes the muscles around the vagina to become tight. This is called vaginismus. It is often caused by fear that you'll hurt during intercourse and can make penetration difficult and, sometimes, impossible.

Tips

- ✓ Plan sexual activity for the time of day when your pain is lowest. If you are using pain medication, take it shortly before sex so it will be in full effect during foreplay or intercourse.
- ✓ Use a position for touching or penetration that puts minimal pressure on the painful areas of your body.
- ✓ Find a new position to control the depth of penetration.
- ✓ Focus on your feelings of pleasure and excitement rather than the pain.
- ✓ Learn relaxation techniques to help stop the muscles tensing up.
- ✓ Talk to a doctor or counsellor if these methods don't work.

Losing a body part

Losing a breast, nipple, part of the genitals or a limb due to cancer treatment may affect your self-esteem. You may feel less feminine. It will take time to get used to how your body has changed.

After a mastectomy, you may choose to use a breast form (prosthesis). This can either be a piece of specially made foam or a liquid-filled sac worn in your bra. If you find the breast form uncomfortable or a nuisance, you may consider having your breast surgically reconstructed.

“In my youth I was an underwear model - Berlei's perfect 12B. Even though I'd breastfed three children and my breasts were heading south, they were mine and I liked the way they looked. Losing one breast changed the way I felt about myself.”

A breast reconstruction can help improve your body image and can help you enjoy sex if it makes you feel more attractive. It can also give you confidence to wear different types of clothes. However, a breast reconstruction may not fully restore the pleasure you used to feel from breast touching. Your partner may also receive no pleasure or feel uncomfortable touching your reconstructed breast - talk to them about how they feel so you don't mistake their behaviour for rejection.

Tips

- ✓ Ask your partner to stroke, touch or kiss other parts of your body - the neck and inner thigh are very sensitive and can lead to orgasm.
- ✓ Touch your genitals to find out how your sexual response has changed. Explore other areas of your body that are sensitive to touch.
- ✓ Take time to get used to your body changes. Look at yourself naked in the mirror and remind yourself that what makes you unique is much more than your body.
- ✓ Wear a nightie, pyjamas or lingerie, or use soft lighting if you feel uncomfortable or self-conscious revealing your body and want to be 'less visible'.

Adapting to life with a stoma

Sexual activity with a stoma can be satisfying but may need a little more planning.

Tips

- ✓ Change the appliance before having sex.
- ✓ Cover your appliance if you don't like the feel of plastic on your skin with a ready-made cover or make one from soft material such as cotton or satin.
- ✓ Wear a mini-slip, nightgown or crutchless underwear during sex if you feel uncomfortable. Many people are happy wearing nothing.
- ✓ Choose a position that keeps your partner's weight off the stoma, or place a small pillow over the stoma so your partner is lying on the pillow rather than on the appliance. You can lie on top or underneath your partner - you will not hurt the stoma.
- ✓ Have sex in the bath or shower.
- ✓ Let your partner see or feel the stoma, if they want to.
- ✓ Seek help if you are having trouble coping. Speak to your stomal therapy nurse or contact your local continence or ostomy association.

Fertility problems

Chemotherapy may have a temporary or permanent effect on your ability to have children (fertility).

Your gynaecologist and radiation oncologist will work together to try to keep radiation away from the ovaries. But they are difficult to protect from radiation because their position is uncertain and they are often in the area that needs treating.

If fertility is an important issue for you, talk to your doctor before treatment about ways to preserve it. New ways of dealing with infertility are being developed. One option may be to store eggs before treatment for use in the future.

You may feel very upset if you are unable to have children and worry about the impact of your fertility on your relationship. These feelings are natural. Share these feelings with your partner, who may also be grieving for the family they can no longer have.

Even if you have finished having a family, you may feel the removal of your uterus makes you feel less feminine.

Having a stoma doesn't prevent you from becoming pregnant. You will probably be advised to wait one or two years after surgery before becoming pregnant, this gives everything inside you time to settle down.

Contraception

Although chemotherapy and radiotherapy reduce fertility, it is possible for some women to become pregnant.

A woman receiving chemotherapy or radiotherapy should not become pregnant. Both treatments can affect her eggs. Your doctor may suggest you wait two years after chemotherapy before becoming pregnant. Talk to your doctor immediately if you become pregnant. Contraception must be used. Ask your doctor about your contraceptive options.

If you have a stoma, the effect of the contraceptive pill may change depending on surgery and type of stoma you have. Discuss what contraception is suitable for you with your surgeon, stomal therapy nurse or gastroenterologist.

Premature menopause

The average age for menopause is 52. The loss of menstruation and fertility at a younger age can lead to feelings of sadness, grief and low self-esteem. You may feel old before your time or less feminine. You may worry that your partner finds you less attractive or less sexually appealing.

The sudden start of menopause can cause more severe symptoms than a natural menopause because the body hasn't had time to get used to the loss of the hormones.

Oestrogen loss can cause hot flushes, mood swings, trouble sleeping and tiredness. The vagina may also become dry because it depends on oestrogen to keep it moist.

Premature menopause may cause bones to weaken and break more easily. This is called osteoporosis.

Tips to help prevent osteoporosis

- ✓ Eat low-fat dairy food and high-calcium food.
- ✓ Exercise regularly. Walking, dancing and weight training all help reduce the rate of bone loss.
- ✓ Talk to your doctor about medication for osteoporosis.

Coping with sexual problems

Our sex lives are usually private and not openly discussed. This can make it difficult to talk about sexuality problems and you may feel uncomfortable talking about them with your partner, family members or friends. You may feel more comfortable talking to a hospital counsellor, social worker or psychologist. Services to help build up your self-esteem are available. You don't have to cope alone.

Premature menopause

If you are experiencing a sexual problem because of cancer treatment, you may find it helpful to discuss it with your doctor.

If you prefer to talk to someone else contact the Cancer Council Helpline to put you in touch with a counsellor or a sex therapist.

Cancer support groups

Cancer support groups offer mutual support and information to women with cancer and their families. It can help to talk with other women who have gone through the same experience. Support groups can also offer many practical suggestions and ways to cope. The majority are general cancer groups but specific groups on prostate and bowel cancer are also available. Your hospital may run special cancer support groups: check with your doctor, nurse or social worker.

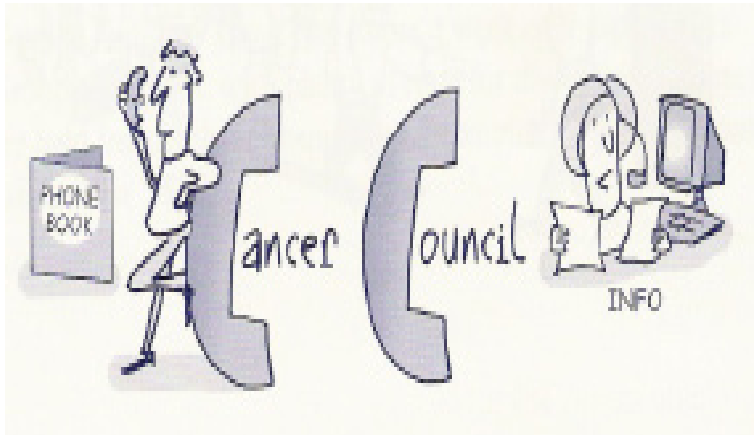
Joining a consumer advocacy group can also be a rewarding experience for some people. Call the Cancer Council Helpline for information on cancer support and/or advocacy groups.



The Cancer Council Helpline

The Cancer Council Helpline is a service of The Cancer Council WA. It is a telephone information and support service for people affected by cancer. It is a confidential service where you can talk about your concerns and needs with specialised oncology health professionals. They can send you written information and put you in touch with appropriate services in your own area.

You can call the Cancer Council Helpline on 13 11 20, Monday to Friday, 8am to 8pm, for the cost of a local call. The tele-typewriter (TTY) number for deaf or hearing impaired people is (08) 9381 6562.



Information checklist

You may find this checklist helpful when thinking about the questions you want to ask your doctor about your illness and treatment. If there are answers you don't understand, it is OK to ask your doctor to explain again.

1. How will this treatment affect my sexuality?
2. What changes are likely to be temporary and what changes are likely to be permanent?
3. What kind of contraception should I use?
4. Are there times when intercourse should be avoided?
5. What sort of problems might I experience during intercourse?
6. It hurts when I have sex. Is this normal?
7. Can I have children?
8. Could having sex make my cancer worse?
9. Will having sex make my cancer come back? Can I give it to my partner?

Glossary

adrenal glands

Small glands above the kidneys that secrete sex hormones.

androgens

Male sex hormones. In men, the main male hormone, testosterone, is produced by the testicles and the adrenal glands. In women, a small amount is made by the ovaries.

body image

How you feel about your body, how you think it looks and how you present it to others.

breast

The gland in a woman that produces milk. The breast is made up of fat, connective tissue and lobes converging to the nipple.

breast conservation surgery

Surgery that removes a breast lump without removing the entire breast. Also called a lumpectomy.

breast form

Also called breast prosthesis. An artificial breast worn in a bra cup or attached to the body to recreate the look of a natural breast.

breast reconstruction

The surgical rebuilding of a breast after mastectomy.

cervix

The end of the uterus that forms a canal and extends into the vagina.

chemotherapy

The use of cytotoxic drugs, which kill or slow cell growth to treat cancer.

climax

The peak of sexual response. Also known as orgasm.

clitoris

The main sexual pleasure organ for women. It is made up of erectile tissue with rich sensory nerve endings.

external genitalia

Includes the clitoris, labia minora, labia majora and mons pubis. Known collectively as the vulva.

Fallopian tubes

The two long, finger-like tubes that extend from the uterus to the ovaries. The Fallopian tubes carry fertilised eggs from the ovary to the uterus.

fertility

Ability to have children.

genitals

The sexual organs.

hormone

A substance that affects how other organs work. Hormones control development, growth and reproduction. They are distributed around the body through the bloodstream.

hormone therapy

A treatment to block the body's natural hormones, which help cancer grow.

hysterectomy

The surgery removal of the uterus and cervix.

labia majora

The outer lips of the vagina.

labia minora

The inner lips of the vagina. These join at the top to cover the clitoris with a fatty hood.

libido

Sex drive.

lymphoedema

Swelling caused by a build-up of lymph fluid. This happens when lymphatic vessels and lymph nodes do not drain properly after surgery.

mastectomy

The surgical removal of the whole breast.

menopause

The time when women stop having periods. The average age for menopause is 52 years.

mon pubis

The area of fatty tissue covered with pubic hair.

oestrogen

The main female sex hormone produced mostly by the ovaries. Oestrogen regulates the menstrual cycle and prepares the breasts for milk production.

oophorectomy

The surgical removal of an ovary.

orgasm

Sexual climax.

osteoporosis

A decrease in bone mass, causing bones to become fragile. This makes them brittle and liable to break.

ovary

The main female reproductive organ. There are two small, almond-shaped ovaries found on either side of the uterus, close to the end of the Fallopian tubes. They also produce the sex hormones - oestrogen, progesterone and testosterone.

ovulation

The release of an egg during the menstrual cycle.

ovum

The female egg produced by the ovary.

premature menopause

Menopause that occurs before the age of 40.

progesterone

Female sex hormone produced mostly by the ovaries.

prosthesis

See breast form.

radiotherapy

The use of radiation, usually x-rays or gamma rays, to kill cancer cells or injure them so they cannot grow and multiply.

self-esteem

How you feel about yourself.

stoma

An artificial opening into the body created by surgery to act as an exit for body wastes.

testosterone

The male sex hormone. A small amount is also made in the ovaries and helps increase sexual desire in women.

uterus

Also called the womb. It is a hollow, muscular organ shaped like an upside-down pear and located between the bladder and bowel.

vagina

A muscular canal about eight to 10 centimetres long, that extends from the entrance of the uterus to the vulva..

vaginismus

A spasm in the vagina that may prevent penetration.

vulva

The outer sex organs. They include the mons pubis, labia majora, labia minora and the clitoris.

vulvectomy

Removal of some or all of the outer sex organs (the vulva).

vulvodynia

Pain in the vulva area.

womb

Also called the uterus.

How you can help

The Cancer Council WA aims to minimise the effect of cancer on our community through advocacy, research, education and providing people affected by cancer with support to enhance their quality of life. We need your help. Please:

Join a Cancer Council event: Join one of our community fundraising events like Daffodil Day, Australia's Biggest Morning Tea, Relay for Life, Girls Night In, Pink Ribbon Day or hold your own fundraiser.

Make a donation: Any donation whether large or small will make a meaningful contribution to our fight to defeat cancer or join our Breakthrough Appeal by making a regular donation.

Leave a gift in your will: Bequests are our most important source of funding. Leaving money in your will is an easy, effective and personal way of contributing to the cancer cause.

Buy your sun protection goods online or from our retail store: Every purchase contributes to our work.

Become a volunteer: The work of volunteers is absolutely vital to the Cancer Council and there are many ways you can help.

Help us speak out: The Cancer Council is a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues.

Help us create cancer smart communities: You can help us minimise the effect of cancer by living and promoting a cancer smart lifestyle.

To find out more about how you can help please call 13 11 20. We thank you for your support.

For further information contact:

The Cancer Council

Helpline 13 11 20

statewide for the cost of a local call

Weekdays 8 am - 8 pm

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*The Cancer Council WA is a non-government,
community supported organisation*